Case Management Operational Guidelines FAQs

1. Are the case management requirements in the DOJ Settlement Agreement negotiable?

   A: No.

2. What are the expectations for provision of support coordination/case management services to those on waiver waiting lists who do not meet the requirements for the more frequent 30 day face-to-face (FF) visits?

   A: Pursuant to the Settlement Agreement, all individuals receiving HCBS waiver services shall have face-to-face meetings with their case managers on a regular basis, including regular visits to the individuals' residences, as dictated by the individuals' needs. Regular basis means face-to-face visits every 90 days (with a 10 day grace period) consistent with the requirements of the ID and DD Targeted Case Management regulations.

3. How do the Settlement Agreement and the *Case Management Operational Guidelines* affect those who do not have Medicaid and need case management/support coordination?

   A: The Settlement Agreement does not address this population. The Settlement Agreement only requires that case management services be provided to individuals receiving HCBS waiver services.

4. What portions of the ID Waiver wait list are intended when the "wait list" is referenced in the Guidance Document?

   A: Both the urgent and non-urgent portions. NOT the planning list.

5. Is completion of the Supports Intensity Scale ® (SIS®) now required for individuals on the waiting lists, DD, Elderly or Disabled with Consumer Direction (EDCD) or Technology Assisted (Tech) Waiver?

   A: No. A SIS® assessment is only required for individuals receiving the ID or DS Waiver. Criterion 3.b. (from Section V.F. of the Settlement Agreement) does not apply to individuals in the other categories. See the "Support Coordination/Case Management Face-to-Face Visit" Flowchart on the DBHDS website http://www.dbhds.virginia.gov/Settlement.htm#Agree.

6. How will support coordinators/case managers (SCs/CMs) know if an individual on the waiting list receives the EDCD or Tech waiver?

   A: SCs/CMs should monitor all those about whom they are aware.

7. How will SCs/CMs know if the individual has an interruption of service greater than 30 days?

   A: SCs/CMs should monitor all those about whom they are aware.

8. Is being hospitalized one time for an infection or pneumonia a medical event that requires the more frequent 30 day case management visits?

   A: Any overnight hospital admission, other than for routine or elective procedures, requires the SC/CM to provide the more frequent case management/support coordination 30-day visits.

9. Section V.F.2 of the Settlement Agreement says that case managers shall report and document "a deficiency in the individual's support plan or its implementation" and inadequately addressed risk, injury, need, or change in status." What constitutes a "deficiency?" What constitutes an "inadequately addressed risk, injury, need, or change in status?"

   A: This will be addressed in the Case Management "Accountability" module currently under development as part of the Case Management core curriculum training.

10. Will support coordinators/case managers be informed that the DBHDS Office of Licensing (OL) has posted information about providers' license status? Is it possible for OL to send this information to SCs/CMs?

    A: OL will post providers' conditional and provisional license status on the 10th day of each month on the DBHDS website. Each CSB/DD support coordination/case management agency should assign a staff person to pull this information on that day and make it available to all staff that needs it.

11. If a SC/CM notes that an individual's provider is on the OL conditional/provisional list, should all of the 30 day visits occur at that provider's location?

    A: No. The 30 day FF visits should occur as described in the Case Management Operational Guidelines. A provider operating under a conditional or provisional license should definitely be the site of some of the visits; however, every other FF should still occur in the home (or if the residence is the site of the conditional/provisional license, some contacts may occur in another setting).

12. Some people on the waiting list who are receiving EDCD or Tech Waiver may be choosing **not** to receive TCM because they don't want/need more people in their lives at this time. Will they be forced to accept this service and 30 day involvement?

    A: SCs/CMs should document attempts to provide case management services and the individual's decision to decline the services in the record. If at a future date they need/receive a higher level of service involvement (e.g., access the crisis system), they may need to receive the 30 day TCM in order to prevent future problems.

13. Will FF contacts from support coordination/case management supervisors or other support coordinators/case managers filling in for the primary staff person be acceptable for the 30 day FF contacts?

    A: Yes, as long as these persons meet the criteria for SCs/CMs.

14. Can the grace period for the 30 day FF visits be longer than 5 days?

A: No. This has been agreed to by Virginia and the Department of Justice.

15. Should there be a difference in the 30 day FF progress note from what SCs/CMs are currently recording for 90 day FFs?

    A: Use appropriate noting procedures, following Medicaid guidelines. If any FF visit results in the identification of a previously unidentified or inadequately addressed risk, injury, need, or change in status; a deficiency in the individual's support plan or its implementation; or a discrepancy between the implementation of supports and services and the individual's strengths and preferences, then the case manager shall report and document the issue, convene the individual's service planning team to address it, and document its resolution (per Section V.F.2 of the Settlement Agreement).

16. If an interruption of service greater than 30 days is due to an individual being hospitalized or incarcerated, must the 30 day FF visits continue in those settings even though billing will not be permitted?

    A: Yes. We do not anticipate this will involve large numbers of individuals.

17. What should occur if an individual meets the criteria for 30 day FF visits due to a crisis, but the SC/CM is not notified at the time of the crisis and thus, does not immediately begin providing more frequent case management visits?

    A: The SC/CM should document the date upon which the situation was made known and start the 30 day FF activity as soon as possible.

18. What should occur if the SC/CM is unable to have a FF visit with the individual for 60 or more days?

    A: The SC/CM should document all attempts to meet with the individual, record the reason(s) why the meeting did not occur, and follow the steps in the Case Management Operational Guidelines.

19. What does "stabilized" mean in sections 3.b and 3.d of the Case Management Operational Guidelines?

    A: "Stabilized" means that the individual has returned to his/her pre-fall (in 3.b) or pre-crisis (in 3.d) – i.e., typical or as near to typical as possible following the fall or crisis – mode of functioning.

20. In the section providing further guidance about the meaning of "report and document" there are multiple references to reporting to the DBHDS Office of Licensing. Should a SC/CM report to Office of Licensing events involving non-DBHDS licensed providers?

    A: No. These may be reported directly to the alternate licensing/certifying entity or DMAS.

21. Do individuals who score a "2" on sections 3a and 3b of the SIS® really require a more frequent level of support coordination/case management?

    A: Some exceptions are now noted; however, a score of "2" indicates an "extensive" need for support to address the current medical condition and/or behavior. For example, significant physical/hands-on support is needed or the support is intense and/or requires significant support time. Therefore, items with a score of "2" in these two sections represent a high level of risk and would indicate a need for more frequent monitoring on the part of the support coordinator (i.e., 30 day face-to-face visits).